SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE **FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER AFTER **AS FILED** AS FILED I"AMENDMENT 2 MAMENDMENT I"AMENDMENT 2 -AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 55 21 72 26 77 <u>35</u> 99 TOTAL TOTAL IND. TOTAL TOTAL DEP. TOTAL TOTAL

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CLAIMS

PTO - (360 (REV. 11/04)